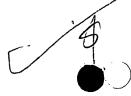
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

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06/25/2004 23117 7590 NIXON & VANDERHYE, PC 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/700,417	11/29/2000	Tony Kouzarides	620-118	3566

TITLE OF INVENTION: ASSAYS, METHODS AND MEANS FOR MODULATING E2F ACTIVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FE	ISSUE FEE PUBLICATION FEE TO		TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$0		\$1330		09/27/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]			
CANELLA, KAREN A		1642		435-006000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			& VANDERHYE	<u></u> _P.C.  
	D RESIDENCE DATA TO B s an assignee is identified be			T (print or type)	ssignee data	is only appropri	ate when an assignment	has

been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHROMA THERAPEUTICS LIMITED

OXFORDSHIRE, UNITED KINGDOM

lease check the appropriate assignee category or categorie	es (will not be printed on the patent);	individual	☑ corporation or other private group entity	government
a. The following fee(s) are enclosed:	4b. Payment of Fcc(s):			
⅓ Issue Fee	A check in the amou	unt of the fee(s)	is enclosed.	
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Advance Order - # of Copies10	The Director is her Deposit Account Num	eby authorized ber 14-11	by charge the required fee(s), or credit any 40 (enclose an extra copy of this	overpayment, to form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Mary	J.	Wils	on,	Reg.	No.	32,95	55	9/24/	2004	
NOTE; Tother than	he Is n the	suc Fee applica	and Pr	ublication gistered	Fee (if attorney	required) or agent;	will no or the	t be accep assignee	or other	anyo party

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